Vista Staffing Solutions, Inc 2800 East Cottonwood Pkwy, Suite 400 Cottonwood Heights, UT 84121

ZAIN IKRAM WARRIACH 8355 SW 137TH AVE MIAMI, FL 33183

	CORRI	ECTED (if checked))			
	or town, state or province, country, ZIF		OMB No. 1545-0116	3		
or foreign postal code, and telephone no.			Form 1099-NEC	;		
Vista Staffing Solutions, Inc					Nonemployee	
2800 East Cottonwood Pkwy, Suite 400			(Rev. January 2024)		Compensation	
Cottonwood Heights, UT 84121 801-428-2398			For calendar year			
PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee compe	2024		Сору В	
87-0474292	XXX-XX-3110	' ' '	\$ 27,562.50			
RECIPIENT'S name	XX-XX-3110	2 Payer made direct sales totaling \$5,000 or more of		f	For Recipient This is important tax	
REGIFIENT STIMILE		consumer products to recipient for resale		information and is being		
Zain Ikram Warriach		3			furnished to the IRS. If you are required to file a return, a	
Street address (including apt. no.)					negligence penalty or other sanction may be imposed on	
8355 SW 137th Ave		4 Federal income tax withheld		you if this income is taxable		
City or town, state or province, country, and ZIP or foreign postal code		\$		and the IRS determines that it has not been reported.		
Miami, FL 33183		5 State tax withheld	6 State/Payer's state no.		7 State income	
Account number (see instructions)		\$			\$	
		\$	-			
	□ VOID □ CORRI	ECTED				
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			OMB No. 1545-0116	5		
Vista Staffing Solutions, Inc			Form 1099-NEC	;	Nonemployee	
2800 East Cottonwood Pkwy, Suite 400			(Rev. January 2024)		Compensation	
Cottonwood Heights, UT 84121			For calendar year			
801-428-2398			2024			
PAYER'S TIN	RECIPIENT'S TIN	1 Nonemployee compensation			Copy 2	
87-0474292	XXX-XX-3110	\$ 27 , 562 . 50			1	
RECIPIENT'S name		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale		To be filed with recipient's state		
Zain Ikram Warriach		3		income tax		
Street address (including apt. no.)				required.		
8355 SW 137th Ave		4 Federal income tax withheld]		
City or town, state or province, country, and ZIP or foreign postal code		\$				
Miami, FL 33183		5 State tax withheld	6 State/Payer's state no.		7 State income	
Account number (see instructions)		\$ \$	<u> </u>		\$ \$	
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Instructions for Recipient

You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax.

If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1 on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.

If you are not an employee but the amount in box 1 is not selfemployment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Reserved for future use.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099NEC.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.